



**FUTURE  
GENERALI**

TOTAL INSURANCE SOLUTIONS

## CHEST PAIN QUESTIONNAIRE

### TO BE FILLED BY THE APPLICANT

Name of the Life Insured \_\_\_\_\_  
Application Number \_\_\_\_\_

### PLEASE ANSWER EACH QUESTION AND, WHEREVER APPROPRIATE, PROVIDE DETAILS AND ATTACH COPIES OF REPORTS

1. When did you first experience chest pain? \_\_\_\_\_
  2. Please provide details of the treatment and investigation done for the chest pain: \_\_\_\_\_  
\_\_\_\_\_
  3. What was the nature and severity of the pain?
    - a. Very severe     b. Crushing
    - c. Sharp         d. Stabbing
    - e. Dull ache       f. Vague discomfort
  4. Did the pain radiate outside the chest, i.e., to the shoulders, arms, jaws or abdomen?       Yes     No
  5. How long did the pain last? \_\_\_\_\_
  6. Have you experienced any chest pain thereafter?       Yes     No  
If 'Yes' when? \_\_\_\_\_
  7. Do you smoke?       Yes     No  
If 'Yes' how many cigarettes/pipes/cigars/bidis per day? \_\_\_\_\_
  8. Do you suffer from or have family history of diabetes or hypertension?       Yes     No  
If 'Yes', please mention the treatment details and attach reports: \_\_\_\_\_
  9. Have you been hospitalised for chest pain?       Yes     No  
If 'Yes', please provide the date/s and submit copies of all hospital records and discharge summary:  
\_\_\_\_\_  
\_\_\_\_\_
- Have you had any of the following tests conducted in the last one year?
- a. Chest X-ray       Yes     No
  - b. ECG       Yes     No
  - c. Stress Test (TMT)       Yes     No
  - d. Radionuclide Test       Yes     No
  - e. Coronary Angiography       Yes     No
10. Have you ever taken time off-work because of this condition?       Yes     No  
If 'Yes', please provide details including dates and durations: \_\_\_\_\_
  11. Please provide the complete name and address of your treating physician along with copies of prescriptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date of your last consultation: \_\_\_\_\_

12. Please provide any additional information that would help in processing your application:

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Please submit any blood tests, urine analysis, lipid profile, ECG, TMT, Angiography or any other tests done in the last two years.

I hereby declare, and agree that the above particulars and answers are complete and true; and this questionnaire will form a part of the contract of the desired insurance on my life.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Insured

\*\*Please tick (  ) wherever applicable.

### VERNACULAR DECLARATION

I have explained the contents of this form and have read out the responses to the Life Insured in his/her local language. He/she has confirmed that the contents are fully understood by him/her.

Name of the Declarant: \_\_\_\_\_

Address of the Declarant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of the Declarant

Place: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Life Insured